Only

STATEMENT OF

PAGE 1 / 40 ·

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) is changed) over the lines. UA Union Plumbers & Pipefitters Vote! PAC (United Association of Journeymen and Apprentices of the Plumbing & Pipefitting Industry of the United States and Canada) Three Park Place ADDRESS (number and street) (Check if address is changed) Annapolis 21401 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS irobertson@calibrecpa.com (Check if address X is changed) Optional Second E-Mail Address |bradk@uanet.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00012476 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. McManus, Mark, , , Type or Print Name of Treasurer McManus, Mark, , , [Electronically Filed] 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
_	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (F	Revised 02/2009)	Page 3
Write or Type Committee		. 494
	fitters Vote! PAC (United Association of Journeymen and Apprentices of the Plumbing & Pipefitting Industry of the	he United States and Canada
	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	
-		rship PAC Sponsor
PLUMBERS & S	STEAMFITTERS LOCAL 22 PAC INC	
Mailing Address	3651 CALIFORNIA ROAD	
Walling Address		
	ORCHARD PARK NY 14127	
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative L rds: Identify by name, address (phone number optional) and position of the person in p	Leadership PAC Sponsor
к	rellett, Patrick, H, ,	
Full Name		
Mailing Address	Three Park Place	
	Annapolis MD 21401	
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer		269
	name and address (phone number optional) of the treasurer of the committee; and the name (e.g., assistant treasurer).	name and address of
Full Name M of Treasurer	lcManus, Mark, , ,	
Mailing Address	Three Park Place	
	Annapolis MD 21401	
Title or Position	CITY STATE	ZIP CODE
Treasurer		269

FEC Form 1 (R	evised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY	ATE ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposit	tory, etc.	
safety deposit boxes or Name of Bank, Deposit Bar Mailing Address	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW	DC 20013
Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington	DC 20013 -
Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	
Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -
Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -
lame of Bank, Deposit Mailing Address Jame of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -
lame of Bank, Deposit Mailing Address Jame of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -
Name of Bank, Deposit	r maintains funds. tory, etc. nk of America 1501 Pennsylvania Avenue, NW Washington CITY STA	DC 20013 -

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

The Committee has changed its name effective June 10, 2019. The new name will be: UA Union Plumbers & Pipefitters Vote! PAC (United Association of Journeymen and Apprentice's of the Plumbing and Pipefitting Industry of the United States and Canada) In addition

the name of the connected organization would not fit due to character limits. That should read as follows: 'United Association of Journeymen and Apprentice's of the Plumbing and Pipefitting Industry of the United States and Canada'.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund O STEAMFITTERS LOCAL NO 73 F		
Mailing Address	PO BOX 911		
	OSWEGO	NY NY	13126
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joing by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
Designated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identif	by by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Special Leadership
Pesignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY City City City City City City City City City City City City City City City City City City City City City City City City City City City	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY City City City City City City City City City City City City City City City City City City City City City City City City City City City	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	a Portioinant		
3(g)		, ranicipant.	FEC ID number	C
	1.		FEC ID number	C
	2.			
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	Mailing Address	555 HORACE BROWN DRIVE		
		MADISON HEIGHTS	MI MI	48071
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address TITLE OR POSITION	CITY A Tel Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY A Tel Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel Ties: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel Ties: List all banks or other depositories in which ti	ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Plumbers & Pipe	fitters Local 74 PAC		
	2111 West Newport Pike		
Mailing Address			
			10004
	Wilmington	DE	19804
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC S
Connecte	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
Connecte		nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi Full Name		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representa	
Connecte esignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
connected Esignated Agent: Identification of Position Identification Identi	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Agent: Identification of the position of the positio	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund cal Union 392 PAC	draising Representative	e, or Leadership PAC Sponse
Mailing Address	1128 Central Parkway		
	Cincinnati	OH	45210
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main and the safety deposit	CITY A	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY A	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Plumbers & Pipet	fitters Local 25 PAC		
<u> </u>			
	1228 Third Avenue		
Mailing Address	1220 Tillid Avenue		
	Rock Island	IL	61201
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
Connecte	Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
Connecte		t Fundraising Represent	ative Leadership PAC S
Connecte		t Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional)	t Fundraising Represent	
Connecte esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Plumbers & Pipef	itters Local 524 PAC		
	711 Corey Street		
Mailing Address	711 Cotey Sitest		
	Scranton	PA PA	18505
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Sp
	d Organization	nt Fundraising Representa	ative Leadership PAC Sp
		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	nt Fundraising Representation	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundrais i	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
Plumbers Local	1 PAC		
Mailing Address	158-29 Cross Bay Boulevard		
	Howard Beach	NY	11414
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident	Affiliated Committee Joint Joint ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION Tanks or Other Deposite detay deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION Tanks or Other Deposite detay deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2		FEC ID number
	3.		FEC ID number C
	4		FEC ID number
6.	Name of Any Connected Plumbers Local 24		ising Representative, or Leadership PAC Sponsor
	Mailing Address	101 Springfield Avenue	
		Summit	NJ 07901
	Relationship:	CITY ▲	STATE A ZIP CODE A
	Connected		Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
	safety deposit boxes or ma Name of Bank,		ne committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number C
	4.		FEC ID number C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor
	Mailing Address	14105 N.W. 58TH COURT	
		MIAMI LAKES	FL 33014
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint I	Fundraising Representative Leadership PAC Sponso
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	
	Mailing Address	1	
	ag / taaeee		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Telo	lephone Number
9.	safety deposit boxes or mai		the committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Full Name Mailing Address TITLE OR POSITION		CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address		CITY A	STATE A	ZIP CODE A
				7/10 00055
Full Name				
1				
Designated Agent: Identi	fy by name, addr	ess (phone number – optional)		
Connecte	ed Organization	X Affiliated Committee	oint Fundraising Represen	tative Leadership PAC Sponso
Relationship:		CITY A	STATE A	ZIP CODE ▲
	VICKSBURG	· · · · · · · · · · · · · · · · · · ·	MS	39180
Mailing Address				
	PO BOX 261			
=	_	Affiliated Committee, Joint Fu	- ·	re, or Leadership PAC Sponsor
4			1 20 15 110111501	
3			FEC ID number	C
1			FEC ID number FEC ID number	C
2.			FEC ID number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	•		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
of A O	Ownershallow Affiliated Committee Leigh Funds	rainin a Donne contation	and and analysis BAC Consu
=	Organization, Affiliated Committee, Joint Fundritters Local 9 PAC	aising Representative	e, or Leadership PAC Spon
Mailing Address	76 Gilbert Road, West		
	Trinton Falls	, , NJ	07701
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	Affiliated Committee Joint by pame, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching Address Mailing Address	ries: List all banks o		STATE Telephone Number th the committee deposit	ZIP CODE The state of the sta
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks o		Telephone Number	
Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks o		Telephone Number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks o		Telephone Number	
Banks or Other Depositor	ries: List all banks o		Telephone Number	
			Telephone Number	
TITLE OR POSITION	▼	1	ı	ZIP CODE ▲
TITLE OR POSITION	■	CITY A	STATE ▲	ZIP CODE ▲
	1			
				1 , , , , 1-1 , .
Mailing Address				
Full Name	by name, address (priorie flumber – optional)		
Designated Agent: Identify			3	
	I Organization		int Fundraising Represent	
Relationship:	LAGI FROVIDEN	CITY A	STATE A	ZIP CODE ▲
	EAST PROVIDEN	CF.	ı RI	, 02915
Mailing Address	11 HEMINGWAY I	DRIVE		
	_	ted Committee, Joint Fun LOCAL UNION 51		e, or Leadership PAC Sponso ON COMMITTEE
4.			FEC ID number	С
			FEC ID number	С
3.		1	FEC ID number	C
			FEC ID number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisi	ng Participant.		
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
SAINT PAUL PIF	PEFITTERS/STEAMFITTERS LOCAL	455	
<u> </u>			
Mailing Address	1783 HOWARD ST N		
	MAPLEWOOD	MN	55109
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint	Fundraising Representation	ative Leadership PAC S
Connecte	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
Connecte		Fundraising Represent	Leadership PAC S
Connecte		Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi		Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identi	fy by name, address (phone number – optional)		
Connecte esignated Agent: Identi	fy by name, address (phone number – optional)		
Connecte esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Esignated Agent: Identification of Position of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Esignated Agent: Identification of Position of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	n Particinant		
7(9)	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	HE PLUMBIG & PII	-
	Mailing Address	20210 SW TETON AVENUE		
		TUALATIN	OR	97062
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Safety deposit boxes or managery deposit boxes or managery depository, etc. Mailing Address						
Name of Bank, Depository, etc.						
Name of Bank, Depository, etc.						
Name of Bank,						
safety deposit boxes or ma						
Banks or Other Deposito			es in which the cor	mmittee deposi	ts funds, hol	ds accounts, rents
			Telephon	ne Number	-	-
TITLE OR POSITION		CITY A		STATE A		ZIP CODE A
				1 1 . 1	<u> </u>	1 1
Mailing Address						
Full Name	1					
Designated Agent: Identif	y by name, ac	ddress (phone number –	optional)			
Connecte	d Organization	Affiliated Committee	Joint Fundra	aising Represent	tative L	eadership PAC Spo
Relationship:		CITY ▲		STATE ▲		ZIP CODE ▲
	SOUTH G	GLENS FALLS		NY NY	12803	
Mailing Address	P. O. BOX	(1343				
Name of Any Connected UNITED ASSOCIAT	_	n, Affiliated Committee, LUMBERS AND PIPE	_	-		-
4.					U .	
3.				C ID number	C	
				C ID number	C	
2.				0.15	0	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
CALIFORNIA ST	ATE PIPE TRADES COUNCIL VOL	UNTARY POLITI	CAL ACTION FUND
Mailing Address	1123 L Street		
	Sacramento	CA	95814
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

	g Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	C
4.			FEC	ID number	C
=	=		_	-	e, or Leadership PAC Spons
LIVIERI RISE ASC			LI LI		L ACTION COMMITTE
Mailing Address	32-32 48TH AVEN	UE			
	LONG ISLAND CI	TY	1	NY	11101
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization	ffiliated Committee	Joint Fundraisi	ng Represent	ative Leadership PAC Spo
1					
Full Name Mailing Address					
Mailing Address		CITY A		STATE A	ZIP CODE A
Mailing Address		CITY A			ZIP CODE A
Mailing Address TITLE OR POSITION		CITY A	Telephone	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or maintain and the safety deposit be	ries: List all banks o		·	STATE A	ZIP CODE ZIP CODE s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mails and the company of Bank,	ries: List all banks o		·	STATE A	
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mails and the control of Bank,	ries: List all banks o		·	STATE A	
Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	ries: List all banks o		·	STATE A	
Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	ries: List all banks o		·	STATE A	

FEC Form 1S (Revised 02/2017)

_	4.			, 	
		_	Affiliated Committee, Joint Fu VOLUNTEER POLITIC		e, or Leadership PAC Sponsor
L					
	Mailing Address	8600 HILLCI	REST ROAD		
		KANSAS CI	TY	MO	64138
	Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sponso
. De:	signated Agent: Identify	/ by name, add	lress (phone number – optional)		
	Full Name				
	Mailing Address				
			CITY A	STATE ▲	ZIP CODE A
	TITLE OR POSITION	▼	J	0.7.112 =	2 0052 =

FEC Form 1S (Revised 02/2017)

	g Participant:		
1.		FEC ID numb	
2		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
	Organization, Affiliated Committee, Joint I	Fundraising Represent	ative, or Leadership PAC Spor
Pipe Fitters LU No	o. 274 PAC		
Marie Adding	P.O. Box 459		
Mailing Address	1000 Hendricks Causeway		
			07057
	Ridgefield	NJ	
Relationship:	CITY ▲	STATE	ZIP CODE ▲
Connected	d Organization X Affiliated Committee	Joint Fundraising Repres	sentative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – option	al)	
	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option		
Full Name	CITY A		
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes.	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes.	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depositions are of Bank, epository, etc.	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material deposit boxes or material depository, etc.	CITY ▲ ries: List all banks or other depositories in v	STATE Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.	ng Participant:	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PIPEFITTERS P	OLITICAL ACTION COMMITTEE		
	20400 NORTHWESTERN HWW		
Mailing Address	30100 NORTHWESTERN HWY		
	FARMINGTON HILLS	MI MI	48334
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page <u>26</u> **of** <u>40</u>

	ng Participant:		
1.		FEC ID number	er C
2.		FEC ID numbe	er C
3.		FEC ID numbe	er C
4.		FEC ID numbe	er C
ame of Any Connected	l Organization, Affiliated Committee, Joint F	Fundraising Representa	tive, or Leadership PAC Spor
PLUMBERS & PI	IPEFITTERS LOCAL UNION NO.	295 PAC	
Mailing Address	743 N BEACH STREET		
	DAYTONA BEACH	FL L	32114
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC S
	fy by name, address (phone number – optiona	al)	
Full Name	fy by name, address (phone number – optiona	al)	
	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name			
Full Name	CITY A		
Full Name _ _ Mailing Address	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY ▲ cries: List all banks or other depositories in w	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	CITY ▲ cries: List all banks or other depositories in w	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank,	CITY ▲ cries: List all banks or other depositories in w	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY ▲ cries: List all banks or other depositories in w	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY ▲ cries: List all banks or other depositories in w	STATE 4	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1	g Participant:			0
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated Com	mittee, Joint Fundra	using Representative	e, or Leadership PAC Spon
PLUMBERS & PIF	PEFITTERS UNION L	OCAL 675 AFL	-CIO POLITICA	L ACTION COMMIT
Mailing Address	1109 Bethel Street			
	Lower Level			
	Honolulu			96813
Relationship:	CIT	Y 🛦	STATE ▲	ZIP CODE ▲
	A Affiliated C by name, address (phone number by name)		Fundraising Representa	Leadership PAC S
Full Name	by name, address (phone no			1 1 1 1 1 1 1 1 1 1
Mailing Address				
	1			1
TITLE OR POSITION	CITY	A	STATE ▲	ZIP CODE ▲
		Tel	ephone Number	
afety deposit boxes or ma	ries: List all banks or other de intains funds.	epositories in which t	he committee deposit	s funds, holds accounts, ren
afety deposit boxes or ma		epositories in which t	he committee deposit	s funds, holds accounts, ren
afety deposit boxes or ma ame of Bank, epository, etc.		epositories in which t	he committee deposit	s funds, holds accounts, ren

FEC Form 1S (Revised 02/2017)

nsor
ponsor
nts
its
nts
nts

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
PLUMBERS AND S	STEAMFITTERS LOCAL 467 VOLUN	TARY FEDERAL P	OLITICAL ACTION FU
Mailing Address	1519 ROLLINS ROAD		
	BURLINGAME	CA	94010
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name address (phone number entional)		
Full Name	by fiame, address (prione fiamber – optional)		
Full Name	by name, address (prione number – optional)		
Full Name	by name, address (prione number – optional)		
	by name, address (priorie number – optional)		
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A		
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY A ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY A ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank, epository, etc.	CITY A ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	d Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
PLUMBERS UNI	ON LOCAL 690 POLITICAL ACTION	COMMITTEE	
	2791 Southampton Road		
Mailing Address	2131 Goddinanipoli Neda		
	Philadelphia	PA PA	19154
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1	Participant:		C
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
SOUTHERN CALI	FORNIA PIPE TRADES DISTRICT	COUNCIL 16 FE	DERAL PAC
Mailing Address	501 SHATTO PLACE SUITE 400		
	LOS ANGELES	CA CA	90020
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION TO THE PROPERTY OF THE PRO	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mainagement of Bank,	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mainagement of Bank,	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main the depository, etc.	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor ane of Bank, epository, etc.	CITY CITY ies: List all banks or other depositories in which	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r	1	FFC ID mumber	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
STEAMFITTERS	LOCAL 475 POLITICAL ACTION CO	DMMITTEE	
1			
Mailing Address	P.O. BOX 4187		
	136 MOUNT BETHEL ROAD		
	WARREN	NJ	07059
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		Fundraising Represent	ative Leadership PAC S
Connecte	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
Connecte		Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page <u>33</u> **of** <u>40</u>

5(a)	or(h). Joint Fundraisin	n Participant		
O(g)	1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	8700 ASHWOOD DRIVE 2ND FLOOR		
		<u> </u>		
		CAPITOL HEIGHTS	MD	20743
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION			
		1	elephone Number	
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank,	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

8 and/or 9 Page $\frac{34}{}$ of $\frac{40}{}$

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
U A LOCAL 85 P	OLITICAL ACTION COMMITTEE		
Mailing Address	PO BOX 6547		
	SAGINAW		48608
Dalatianahin	CITY A	STATE ▲	ZIP CODE ▲
Relationship:	CITY A		
Connecte		t Fundraising Representa	
Connecte	ed Organization X Affiliated Committee Joint		
esignated Agent: Identif	ed Organization X Affiliated Committee Joint		
esignated Agent: Identif	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Joint by by name, address (phone number – optional) CITY	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint by by name, address (phone number – optional) CITY	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Touries: List all banks or other depositories in which	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Touries: List all banks or other depositories in which	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Touries: List all banks or other depositories in which	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint by by name, address (phone number – optional) CITY CITY Touries: List all banks or other depositories in which	t Fundraising Representa	Leadership PAC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fundr LOCAL 50 PLUMBERS AND STEAM		
Mailing Address	7570 CAPLE BLVD SUITE A		
	NORTHWOOD	OH	43619
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page <u>36</u> **of** <u>40</u>

h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	С
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
UNITED ASSOCIATI	ON OF JOURNEYMEN & APPRENTICES OF		A LOCAL 447 FEDERAL
Mailing Address	5841 NEWMAN COURT		
			1 1 1 1 1 1 1 1
	SACRAMENTO	CA	95819
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
•			
		Fundraising Representa	Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
Connecte		Fundraising Representa	Leadership PAC S
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee Joint by pame, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint by pame, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Joint by pame, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page <u>37</u> **of** <u>40</u>

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
United Association	on of Journeymen and Apprentice's o	f the Plumbing a	nd Pipefitting Industry
Mailing Address	Three Park Place		
	Annapolis	MD	21401
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail to the content of the conte	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.	ing Participant:	FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID Hullibel	<u> </u>
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
ROAD SPRINKL	LER FITTERS LOCAL UNION NO. 669	9, UA, AFL-CIO	PAC
Mailing Address	7050 Oakland Mills Road		
	Columbia	, , , MD ,	21046
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connec	ted Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident	tify by name, address (phone number - optional)		
	tify by name, address (phone number - optional)		
Full Name	tify by name, address (phone number – optional)		
	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	tify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ Mailing Address	N ▼ CITY ▲	STATE A	
Full Name _ _ Mailing Address	N ▼ CITY ▲	1	
Full Name Mailing Address TITLE OR POSITIO	N ▼ CITY ▲ Te	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO anks or Other Deposite aftery deposit boxes or rame of Bank,	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositely deposit boxes or reame of Bank, epository, etc.	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO anks or Other Deposite aftery deposit boxes or rame of Bank,	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositely deposit boxes or reame of Bank, epository, etc.	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositely deposit boxes or reame of Bank, epository, etc.	CITY ▲ CITY ▲ Te tories: List all banks or other depositories in which	elephone Number	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
<u>-</u>	Organization, Affiliated Committee, Joint Fund ISTRICT COUNCIL NO. 36 FEDER		e, or Leadership PAC Spons
Mailing Address	555 CAPITOL MALL, SUITE 1425		
	SACRAMENTO	CA	95814
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	y by name, address (phone number – optional)		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	1	STATE A	ZIP CODE A
TITLE OR POSITION	I ▼	STATE Telephone Number	ZIP CODE A
	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Depositors of Bank, Depository, etc.	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Depositors of Bank, Depository, etc.	pries: List all banks or other depositories in which	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page <u>40</u> **of** <u>40</u>

h). Joint Fundraisi	g		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representativ	e. or Leadership PAC Spon
	EAMFITTERS LOCAL 598 POLITICAL ACTIO		
Mailing Address	1328 N ROAD 28		
	PASCO	, WA I	99301
Relationship:	CITY A	STATE A	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
Connecte		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee Joint of the property of	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identification of Bank, Connected Connected Esignated Agent: Identification of Connected Esignated Esign	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the properties of the propertie	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mane of Bank,	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the properties of the propertie	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A